

RECEIVED  
CENTRAL FAX CENTER

MAR 27 2006

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
(571) 273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Show 1 legible mark up with any corrections or use block)

20985 7590 03/07/2006

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

*Veronica Whalen* (Deputy) *Veronica Whalen* (Signature) *3/27/06* (Date)

**FISH & RICHARDSON P.C.**  
P.O. Box 1022  
Minneapolis, MN 55440-1022  
03/30/2006 WABDEL3 00000001 061050 10766327

01 FC:2501 700.00 DA  
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST/N MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/766,327	01/29/2004	Randy Dean May	SP-03	1246

## TITLE OF INVENTION: TECHNIQUE FOR DETECTING ETHYLENE OXIDE IN AIR

APPN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$500	\$1200	06/07/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HANNAHER, CONSTANTINE	2884	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. [ ] Change of correspondence address for Change of Correspondence Address form PTO/SB/122 attached. 1. [ ] "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 04/02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm that is a member of a registered attorney or agent and the names of up to 2 registered patent attorney or agents. If no name is listed, no name will be printed.
--	---

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

SpectraSensors, Inc.

## (B) RESIDENCE (CITY AND STATE OR COUNTRY)

San Dimas, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).
---	--

5. Change in Entity Status (from status indicated above)  
1. [ ] Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7.

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
NOTE: The issue Fee and Publication Fee (if required) will not be accepted from an; one other than the applicant, a registered agent or; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature) *Veronica Whalen*(Date) *3/27/06*

Typed or Printed Name Carl A. Kukkonen, III

Registration No. 42,773

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This information is being submitted under 37 CFR 1.311. The time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

Best Available Copy